# Neonatal Conjunctivitis- Treatment

**Associated Power Plans: EDP: Eye Infection > Neonatal Conjunctivitis Subphase Pathway**
**Inpatient: Neonatal Conjunctivitis Pathway**

Children's Mercy KANSAS CITY | Evidence Based Practice

**Inclusion Criteria:**
- Pt is ≤ 28 days
- Injected conjunctiva **and**
  - Mucopurulent discharge **or** hemorrhagic ocular discharge

**Exclusion Criteria:**
- Pt is febrile or ill appearing (if appropriate refer to Febrile Infant guideline)
- Pt is ≥ 29 days of age

Pt presents with risk for suspected pathogen(s)
*Consider treatment for multiple pathogens when appropriate*

**Is pt high risk for GC?**

No

Yes

**Acute care recommendations:**
- GC eye culture and PCR
- Blood culture
- CSF culture
- Ophthalmology consult
- Empiric treatment: Ceftriaxone 50 mg/kg dose IV or IM x 1 (max dose: 250 mg)
- Eye irrigation as per Ophthalmology recommendation
- Admit to hospital

**Inpatient recommendations:**
- Ophthalmology consult (if not already obtained)
- Infectious Diseases consult
- If systemic infection is suspected based on CSF indices:
  - Ceftriaxone 50 mg/kg dose IV or IM qday x 7 days
  - For patients with hyperbilirubinemia: Cefotaxime 25 mg/kg dose IV or IM q12h x 7 days
    - *Note: Cefotaxime is recommended but availability may be limited in the US. Contact a pediatric ID specialist for guidance on treatment.*

**Risk Criteria for *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (chlamydia) or herpes simplex virus (HSV) infections**

| Risk factor | Suspected pathogen |
|---|---|
| Maternal history of untreated GC | GC |
| Baby born without recommended topical eye prophylaxis for GC | |
| Remarkable amounts of eye discharge | |
| Vesicular skin lesions | HSV |
| History of maternal HSV lesions at delivery, especially if known to be primary infection | |
| Maternal history of untreated chlamydia | Chlamydia |
| Hemorrhagic conjunctivae | |

**If "Yes" to any of these risk criteria then patient should be considered high risk for GC, HSV, and/or chlamydia.**

**Is pt high risk for HSV?**

Yes

**Acute care recommendations:**
- Obtain recommended culture and lab studies
- Initiate acyclovir 20 mg/kg/dose IV x1
- Admit to hospital

**Inpatient recommendations:**
- Obtain recommended lab tests if not previously obtained in the acute care setting
- Infectious Disease consult
- Ophthalmology consult if not previously consulted in the acute care setting
- Acyclovir 20 mg/kg/dose IV q8h

No

**Is pt high risk for chlamydia?**

Yes

**Treatment & Follow up**
- Azithromycin 20 mg/kg dose PO qday x 3 days
- Ophthalmology Clinic referral
- Follow up with PCP or ED if symptoms worsen

No

**Treatment & Follow-up**
- Empiric treatment with erythromycin or bacitracin ophthalmic ointment
- Follow up exam in 24 - 72 hours with PCP or Ophthalmology
- Follow up on PCR/GC culture results if obtained
- Follow up with PCP or ED if symptoms worsen

**Recomended HSV studies:**
- HSV PCR: mouth, nasopharynx, anus, conjunctivae, and any skin vesicles
- LP with CSF cell counts, protein, glucose, culture, and HSV PCR
- Serum HSV PCR
- AST, ALT

QR Code for mobile view

**Contact:** EvidenceBasedPractice @cmh.edu

Link to synopsis

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